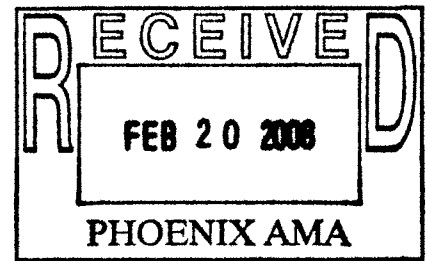


ARIZONA DEPARTMENT OF WATER RESOURCES  
Water Management Division  
3550 North Central Ave, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85012-2105  
Phone (602) 771-8585 Fax (602) 771-8689



APPLICATION FOR A RECOVERY  
WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR  
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL  
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS  
NOTICE AND PUBLICATION FEES TO BE DETERMINED,  
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE  
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY

Application No.: 74-210375  
Date Received: 2-20-08

1. Name of Applicant: Arizona American Water Company - Paradise Valley  
19820 N. 7th Street, Suite 201      Phoenix      AZ      85024  
Mailing Address      City      State      Zip  
Contact Person Sally Ceccarelli-Wolf Telephone (623) 445-2416 Fax (623) 445-2454
2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Phoenix AMA - East Salt River Valley Groundwater  
basin.
3. Name of the owner(s) of the land where wellsites are located Arizona American Water Company  
Mailing Address 19820 N. 7th Street, Suite 201 Phoenix, AZ 85024  
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
4. Legal description of the land where water will be used within Paradise Valley service area Right #  
56-002027.0000  
(quarter/quarter/quarter/section, township and range)
5. The recovered water will be used for Potable water for domestic-municipal and industrial use

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. \_\_\_\_\_  
or long-term storage account number. Water Storage permit application submitted to ADWR 2/15/08.

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
AAWC	55-624805	NW, SW, SE S11, T2N, R4E	2,200	1,372	20 & 16	3,549	7/59
AAWC	55-624806	SW, NW, SE S11, T2N, R4E	2,200	1,301	24 & 20	3,549	1/62
AAWC	55-624807	SW, SW, SE S11, T2N, R4E	2,500	1,743	20 & 8	4,033	3/65
AAWC	55-624808	SW, NW, NE S14, T2N, R4E	2,100	1,430	20, 18, 16	3,387	2/69
AAWC	55-624809	NW, NW, SE S11, T2N, R4E	3,000	1,505	20	4,839	5/80
AAWC	55-537967	SE, SE, NW S11, T2N, R4E	1,800	1,150	20	2,823	8/93

Modified 8/0

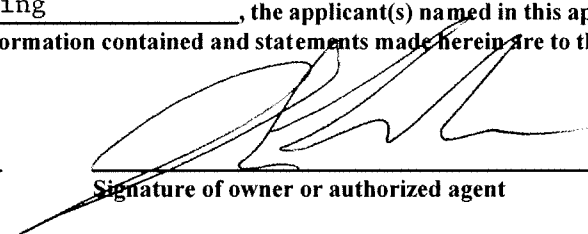
8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), Jake C. Lenderking, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(623) 445-2410

Telephone

  
Signature of owner or authorized agent

Water Resources Manager

Title

19820 N. 7th Street, Suite 201

Mailing Address

Phoenix,

City

AZ

State

85024

Zip

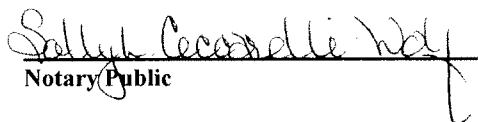
STATE OF ARIZONA

)

) ss.

County of Maricopa )

Subscribed and sworn to before me this 19th day of February, 20 08.

  
Notary Public



May 15, 2009

My commission expires: